Best Available Copy

	PATENT	APPLICATIO Effect		力了	78.	35/1	5 MC/					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EI	NTITY	OR	OTHER THAN	
TOTAL CLAIMS			· h				ſ	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			7 minus 20=		* Ü			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			11 minus 3 =		*		·	X42=		1	X84=	84
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT		<u> </u>	\Box		7,42-	-	OR	704-	2 1
* If the difference in column 4 is less than 100 and 1								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	428
CLAIMS AS AMENDED - PART II								SMALL	ENTITY	00	OTHER SMALL	
		(Column 1) CLAIMS		(Colur HIGH		ST		SMALL	ADDI-	OR 1	SMALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	-	RATE	TIONAL FEE		RATE	TIONAL FEE
NDN	Total	* 7	Minus	** 20	2	=		X\$ 9=	1	OR	X\$18=	/
AME	Independent	* Y	Minus	*** 4	<i>L</i>	= —		X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	1
								TOTAL			TOTAL	
		(Column 1)		(Colur	nn 2)	(Column 3)	A	NDDIT. FEE		10	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING		HIGH	EST	PRESENT	Ιг		ADDI-	1		ADDI-
		AFTER AMENDMENT		PREVIO	DUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 5	Minus	* 2	Ø	-		X\$ 9=	•	OR	X \$18=	
	Independent	* 4'	Minus	***	4	=	╽┟	X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 1 10		i	000	
							L	+140= TOTAL		OR	+280=	
							Α	DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colun		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=-	╽┟	X42=			X84=	
<u> </u>	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		 -	A76=		OR	^0 4 =	ومستمحياتك والمست
* If the entry is column 1 is less than the entry is column 2 write "0" is column 2										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												
		mber Previously Pa ober Previously Pai						_	propriate box			

Application or Docket Number